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May 11, 2017

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ARTHUR BLOOSTON 1914 – 1999

*ALSO ADMITTED IN FLORIDA

Marlene H. Dortch, Secretary Office of the Secretary Federal Communications Commission 445 12th Street, S.W.

Washington, DC 20554

Re: Star Telephone Company, Inc.

Form 395 Common Carrier Annual Employment Report

WC Docket No. 16-233

Dear Ms. Dortch:

On behalf of Star Telephone Company, Inc., we are submitting herewith its Form 395 Common Carrier Annual Employment Report for Calendar Year 2017.

In accordance with Rule Section 1.12 of the Commission's Rules, please direct any questions or correspondence regarding this filing to our office.

Sincerely yours,

Richard D. Rubino

Mill D. D.

Counsel for Star Telephone Company, Inc.

Attachment

FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

ANY INQUIRIES CONCERNAING THIS
PILING MAY BE REFERRED TO
BLOOSTON, MORDKOFSKY, DICREMS by OMB
BLOOSTON, MORDKOFSKY, DICREMS by OMB
DUFFY & PRENDERGAST, LLD-3060-0076
2120 L STREET, N.W. 1 hour
1 hour
1 hour
1 1002) 659-0830

SECTION 1 - General Information [Please read instructions before completing and for Notice regarding public burden.]

 Name and Mailing Address of Respondent Star Telephone Company, Inc. 7266 Tom Drive, Suite 200 Baton Rouge, LA 70806 	Respondent ompany, Suite 20 70806	Inc.											Check h is a char address.	Check here if this is a change of address.	
2. Year Report Filed 2017		3. Reporting Period Co Marc	Reporting Period (End Period Covered by Re March, 2017	3. Reporting Period (Ending Date of Pay Period Covered by Report) March, 2017	Ye.		4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, are b. 16 or more (complete all sections)	Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)	nployees duri (one): complete Sectionplete all section	ng Selected ions I, IV, and ons)	(V only)				
SECTION II - Full-Time Employees.	es.														
							Number of Employees (Report employees in only one category)	Number of Employees employees in only one c	yees one category)						
5							713	Race/Ethnicity							
Categories	H	Hispanic or						Not-Hispanic or Latino	ic or Latino						Total
		Latino			Male	ale					Female	nale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	
					Pacific Islander		Native				Pacific		Native		
	Þ	σ	c	0	m	П	G	I	-	٦	~	_	Z	z	0
Executive/Senior Level Officials and Managers 1.1	-1		Н						_						2
First/Mid-Level Officials and 1.2 Managers	N														0
als	N								1						1
Technicians	ω														0
Sales Workers	4														0
Administrative Support Workers	U)		1						2						ω
Craft Workers	6		7	-											00
Operatives	7														0
Laborers and Helpers	CD .														0
Service Workers	9														0
TOTAL	10 0	0	9	1	0	0	0	0	4	0	0	0	0	0	14
PREVIOUS YEAR TOTAL	11 0	0	9	1	0	0	0	0	4	0	0	0	0	0	14

SECTION III - Part-Time Employees.	ees.														
							Num Report emplo	Number of Employees (Report employees in only one category)	yees one category)						
Job								Race/Ethnicity							
Categories	His	Hispanic or						Not-Hispanic or Latino	c or Latino						Total
		Latino			Male	le					Female	ale			Columns A - N
	Male	Female	White	Black or African	Native Hawaiian or	Asian	American Indian or	Two or more races	White	Black or African	Native Hawaiian or	Asian	American Indian or	Two or more races	
				American	Other Pacific Islander		Alaska Native			2	Other Pacific Islander		Alaska Native		
	A	В	О	0	m	TI	G	I	-	د	*	٦	Z	z	0
Executive/Senior Level Officials and Managers 1.1															0
First/Mid-Level Officials and 1.2	2														0
Professionals 2	2														0
Technicians 3	w														0
Sales Workers 4	4														0
Administrative Support 5	51														0
Craft Workers 6	0)														0
Operatives 7	7														0
Laborers and Helpers 8															0
Service Workers 9	9													,	0
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 11															0
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	ination Com	plaints Pursu	ant to 47 CFR	22.321, 23.5	5, 90.168, 101	.4, and 101.	311.								
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	Commission body having Commission Commission g parties invo	that no compla competent jurit that the following colved, date file	ints regarding sdiction in such ng complaints d, courts or ag	violations of t n matters duri alleging violat encies before	he equal empl ng the calendations of the pro which the ma	oyment provi ar year cover ovisions of ar	sions of Fede ed by this rep y equal empl	ral, state, terr ort. byment oppor	itorial, or local tunity statute l	statutes have have been file and current s	have been filed against this infled against this company in filed against this company int status or disposition.	gainst this company.			
SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct	wledge, inforr	nation, and be	ief, all stateme	ents in this rep	ort are true a	nd correct.				1					
05/09/2017 Typ	ebecca	Typed or Printed Name of Person Signing Rebecca A. Knighten	son Signing Iten		1	Signature	ear	*	M			Telephone No. (225) 92	225) 926-0191		
Title of Person Signing Controller				WILLFULLY OF ANY STA	FALSE STAT	EMENTS MA	DE ON THIS	FORM ARE P	UNISHABLE I.S.C. 312 (A)	BY FINE ANI (1) AND/OR F	ORFEITURE	ONMENT (18 (47 U.S.C. 5	0.S.C. 1001 03).	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNJERIABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (*7 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	VOCATION
								THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	The state of the s	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW		-			-